Commonwealth of Massachusetts Human Resources Division 2008 Police Promotional Exams for Sergeant, Lieutenant, and Captain Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) <u>must sign</u> and date this form, certifying the information provided for each promotional applicant. Attach additional sheets if necessary. The applicant should bring this form, completed with the necessary information and an original signature from the Appointing Authority (or his/her designee) to the exam site on the day of the promotional exam, October 18, 2008. If the applicant chooses to mail the completed form with original signature to HRD, the form must be postmarked no later than 7 calendar days after the exam, or October 25, 2008. **Applicants who are claiming the 25-Year Promotional Preference:** This Form will serve as the primary source of verification and computation of an applicant's eligibility for this preference, and the exam date of October 18, 2008 will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent Police Officer or a Temporary Police Officer after certification may be applied toward one's eligibility for this preference. Please be thorough in completing this form.

Name of Applicant:			Social Security #: Annc. #:		
Verifying Department:		·	Exam Title:		Annc. #:
List Date of 0	MANENT SERVICE Original Permanent App and Reasons for any break	oointment: cs in service:		Title:	
	. PROMOTIONS WITHIN DE ist Dates of Promotions and Rank: Rank:			Promotion:	_
	ERVE, INTERMITTE ER EXPERIENCE IN	NT, ACTING, I	PROVISION		
A) List Servio	ce from October 18, 2003	3 to October 18, 2	008 (10/18/20	003 – 10/18/2008).	
<u>Rank</u>	<u>::</u>	Total # of Shift (Within specified Service If full-time, enter "FT" include the word "Shifts	ce Timeframe If part-time,	Dates of Service Ti (From – To)	meframe:
(Exa	mple: Temporary Capta	ain FT		12/1/06–10/2	20/07)
	ce from October 18, 1996	Total # of Shift (Within specified Service)	es/Hrs:	96 – 10/18/2003). Dates of Service Ti (From – To)	
(Exar	mple: Acting Lieutenan	If full-time, enter "FT" include the word "Shifts t 35 Shi	s" or "Hrs".)	7/12/98 – 9/2	1/00)
Print Name	of Appointing Authori	•			
lianatura af	T Appointing Authority	Title of Designee	:		